

SOCIAL SECURITY ADMINISTRATION
LONDON FEDERAL BENEFITS UNIT
FBU.London@ssa.gov

STATEMENT OF CLAIMANT OR OTHER PERSON

Understanding that this statement is for the use of the Social Security Administration, I hereby certify the following: I, or my child, have been assigned a Social Security Number (SSN), which I am unable to locate. I request the Federal Benefits Unit to provide me with the Social Security Number.

(Please **LEGIBLY** complete the following identifying information in regard to the Social Security Number).

Current Name:

(First Name) (Middle Name) (Surname)

Full Name on most recent SSN Card:

(First Name) (Middle Name) (Surname)

Date of Birth (Month/Day/Year):

(Month) (Day) (Year)

Place of Birth:

Mother's Full Maiden Name:

(First Name) (Middle Name) (Surname)

Fathers Full Name:

(First Name) (Middle Name) (Surname)

Full Address

(Street)

(Town/City)

(County) (Post Code)

I certify that I am the person to whom the record pertains (or that person's parent (if a minor) or legal guardian). I know that if I make any representation which I know is false to obtain information from Social Security records I could be punished by a fine or imprisonment or both.

Signature (First name, middle initial, last name)
(Write in ink)

Date (Month, day, year)

SIGN HERE ⇒

Telephone Number (+ area code)

PRINT NAME:

Return completed form to:

The Federal Benefits Unit, American Embassy, 24 Grosvenor Square, London W1A 2LQ

Your Social Security Number verification will be mailed to you shortly